

INSTRUCTIONS

Council Bluffs Civil Rights Commission 209 Pearl Street Council Bluffs, IA 51503
712-328-4618 (FAX): 712-322-9255
Web: <http://www.councilbluffs-ia.gov>

THIS IS FOR INSTRUCTIONAL PURPOSES ONLY. THIS IS **NOT** THE COMPLAINT FORM.

Besides filing a complaint with the **Iowa Civil Rights Commission**, you may have other **legal options**. You may want to consult an **attorney**. If you need help in finding an attorney, contact the **Iowa State Bar Association** at <http://www.iowafindalawyer.com>

Q. #1 First Name, Middle Initial, and Last Name (*example:* Mary J. Doe)

Q. #2 Mailing Address

Q. #3 Telephone Number

Q. #4 National Origin is your birth Country or ancestry. (It is not necessary to give us City and State where born.)

Q. #5 Identify the reason (or basis) for why you believed you were discriminated against, i.e. age, race, gender, disability etc. This question is NOT requesting information regarding any individual characteristics as that information is requested in Q #4.

Q #6 If you have previously complained about discrimination or harassment, to any entity including your employer, the Iowa Civil Rights Commission, the EEOC or any other governmental agency, and you believe that you have suffered an adverse action as a result of the complaint, you should mark the box "Retaliation." This also includes the situation where you have reported or participated in an investigation into discrimination or harassment of another individual and you believe your participation in that report/investigation has resulted in adverse action against you.

Q. #7 **Area** describes the relationship between you and the organization you are filing against. *For example:* in **Employment**, you were employed or applied for employment with the organization (such as a private or public employer, temp agency, etc.); in **Public Accommodation**, you had or sought services from the organization (such as grocery store, gas station, police, etc.); in **Credit**, you had or sought financial services from the organization (such as bank, mortgage lending institution, etc.); in **Education**, you had or sought educational services from the organization (such as elementary/secondary school, college, etc.); or in **Housing**, you had or sought housing services from the organization (such as landlord, realtor, resident manager, etc.).

Q. #8. **Action** is the manner in which you believed you were discriminated. (*For example:* in Employment, an incident could sexual harassment, failure to train or promoted, or an undesirable work assignment or termination. In Housing, an incident could be denial of a rental unit or eviction.)

Q. #9 Full legal name and address of the organization responsible for the alleged discriminatory incident. (*For example:* Hamburger Heaven, Inc.) **[This Organization will be charged with discrimination and will be given a copy of your complaint.]**

Q. #10 Full legal name, address, and telephone number of the "parent" organization or the corporate office. **[This Organization will be charged with discrimination and will be given a copy of your complaint.]**

Q. #11 Provide the city, county and state where the discrimination occurred.

Q. #12 What does the organization do or what service does the organization provide?

Q. #13 Estimate the total number of employees at ALL LOCATIONS. **(Very Important)**

Q. #14 Did you file a complaint alleging discrimination with another anti-discrimination agency (including the EEOC or a local civil rights commission) regarding this same set of facts before making the current complaint with the Iowa Civil Rights Commission? If so, what agency and when?

Q. #15 Legal name and job position of person(s) who discriminated against or harassed you. (*For example:* Susan K. Smith, Supervisor) Use the individual(s) name in the narrative (Q. #18). If you are complaining about more than two individuals, include a separate list with the same information. **[This individual(s) will be charged with discrimination and will be given a copy of your complaint.]**

Q. #16 The most recent date something adverse happened to you triggers the filing limitations period. Complaints must be filed (physically received at the ICRC office) within 300 days of the most recent discriminatory incident.

Q. #17. In Employment, provide your start date or application date. If you are still employed, check "yes." If you are no longer employed, check "no" and provide the date your employment ended. Indicate whether you were terminated, left voluntarily (i.e. quit) or were forced to leave your job because of circumstances at your employers.

Q. #18. "Brief Summary of your complaint" requires you to describe as concisely as possible, the basis for your complaint, including any individuals you have identified in Q. #15. This should include a summary of how you were discriminated against as well as the basis for your complaint identified in Q. #5 (i.e. race, gender, sexual orientation, disability). If you believe you have been retaliated against since you have complained about discrimination, describe the manner in which you were retaliated against.

In your summary, be sure to provide the following information:

1. What happened?
2. When did it happen?
3. Who made the decision for the organization?
4. What makes you think the decision or action was discriminatory?

5. Why do you believe that your basis (race, age, sex, etc.) was a factor in the organization's decision?
6. What adverse actions did you experience after you complained to an individual or organization about discrimination?

Employment Examples:

- A. I was terminated by John Doe, my supervisor, on November 15, 2010. I believe I was fired because of my age. I am 67 years old. Younger co-workers who had less experience and inferior work records were retained.
- B. Since my date of hire, June 12, 2001, I have been harassed by Jane Doe, a supervisor, because of my race. She calls me names and criticizes my work constantly. He treats me very differently from my white co-workers. I am African American. I believe he is treating me differently because of my race.
- C. On October 25, 2009, I applied for a sales position at the organization's downtown location. I was qualified for the position. I am Latino. I had 10 years of experience. A non-Latino with no experience was selected over me. The organization has approximately 35 sales persons. Only 1 is Latino. I believe my national origin was a factor in the organization's decision not to hire me.
- D. On July 31, 2010, I learned that I was being paid less than my heterosexual co-workers. I started working at the organization on July 1, 2007. I make \$10.00 per hour. My co-workers make \$11.50 per hour. We all do the same job. We have the same duties. I am homosexual. I believe that I am being paid less because of my sexual orientation.
- E. I injured my back on the job. I was off work for four weeks. My doctor released me to return to work with a 30 pound lifting restriction. The Organization refused to allow me to return to work unless I was 100% with no restrictions. On May 2, 2010, the Organization refused to accommodate my disability restriction with light duty even though there were jobs I could perform.
- F. I am pregnant. On September 29, 2010, I gave my boss a letter from my doctor that stated I could not lift more than 20 lbs. because of my pregnancy. My boss said the company would not accommodate my restriction. My boss said the company does not accommodate restrictions or limitations caused by non-work related temporary health conditions. I believe the company could have accommodated my restriction without causing an undue hardship.
- G. I am female. Since I started working for my current employer, my supervisor has made comments about my looks, has touched me inappropriately and has indicated that my career could really go places with the company if I would have an affair with him. I complained to the owner of the company but nothing happened and he did not stop. I believe I am being sexually harassed because I am female.

Public Accommodation Examples:

A. On November 15, 2010, I went to the department store to return a shirt I had previously purchased. I handed the receipt to the clerk who told me the store “does not do returns.” However, the person in front of me returned merchandise without any receipt. That person was white. I am African American. I believe I was discriminated against because of my race.

B. On January 8, 2011, I pulled into the store’s parking lot. I parked behind another car. Police drove by and asked the driver of the car in front of me to move. The police then approached my car and gave me a ticket for parking in a no parking zone. I’m Latino, I believe my national origin was a factor in being ticketed.

Housing Examples:

A. I applied to rent a house on May 15, 2010. I have two children under the age of 18. The owner took my application and said he would get back to me. He never called me so I called him back. He said the house was rented so I had a friend call the owner. The owner asked my friend if she has any children. She replied, “No.” The owner told my friend that the house was still available. I believe that I was refused rental because of my familial status (presence of children).

B. I am disabled. My doctor stated it would be therapeutic and beneficial if I kept a companionship pet such as a cat. On June 26, 2010, I presented a note from my doctor to the apartment manager and asked that their “no pets” rule be waived as a reasonable accommodation for my disability. The manager refused, and stated that they do not allow pets of any kind. I believe I was discriminated against due to my disability.

C. I am African American. I moved into this rental property in August 2008. I received an eviction notice from the management on January 23, 2011 stating that my tenancy was being terminated for violating the rules. I have seen white tenants violate the rules but their tenancy is not terminated. I believe the management is attempting to terminate my tenancy due to my race.

D. I am African American. In early-July 2010, I applied for a loan at the bank to buy a house. The loan officer reviewed my application and credit report, and then told me I did not qualify for their lowest interest rate. The loan officer told me I qualified for a loan, but at a higher rate. After I signed the loan paperwork, on August 1, 2010, I learned of another person, not African American, whose financial situation is no better than mine, who qualified for the lower rate. I believe the loan officer and the bank refused to give me the lower rate because of my race.

Education Examples:

A. I am the parent of a twelve-year-old boy. Other boys in his class at school have been harassing him by calling him names and pushing him around. On September 10, 2010, I reported the other boys’ conduct to my son’s teacher and the school principal. I expected them to stop the harassment. They did not. The harassment has continued and escalated. I know of other parents who have made complaints that the school acted on promptly. I believe the school failed to act on my complaint because my son and I are Muslim.

B. I have a disability which hinders the speed at which I read and comprehend information. Prior to taking the first exam for one of my college courses, I requested a reasonable accommodation of additional time to take the exam. My request was denied. I subsequently failed the exam. I believe I was discriminated against due to my disability.

Credit Example:

My bank advertised personal loans at 4.5% interest. A co-worker and myself both applied for \$5,000 loans. I am Latino, and my co-worker is white. We both earn about the same amount. We both have been with the company the same amount of time. My credit is good. My co-worker filed for bankruptcy six years ago. We both were approved for a loan, but my co-worker got his loan at 4.5 % and I got my loan at 6%. I believe I was discriminated against due to my national origin.

COUNCIL BLUFFS CIVIL RIGHTS COMMISSION COMPLAINT FORM

Complaint of Discrimination under Council Bluffs Municipal Code Chapter 1.40 and
Iowa Code Chapter 216, "Iowa Civil Rights Act of 1965"

NOTE: A copy of this complaint will be sent to the Organization or person you are filing against.

(AGENCY USE ONLY)	
ICRC CP# _____	Council Bluffs Civil Rights Commission
Local Commission# _____	City Hall, 209 Pearl Street
EEOC# _____	Council Bluffs, IA 51503
712-328-4618 / Fax: 712-322-9255 / http://www.legal@councilbluffs-ia.gov	

(TYPE OR PRINT)

1. What is your legal name? _____

2. What is your mailing address? _____

City: _____ State: _____ Zip Code: _____

3. Telephone #: _____

4. Your date of birth? _____ Your sex? _____

Your Race? _____ Your National Origin? _____

5. CHECK THE SQUARES THAT IDENTIFY THE REASON YOU BELIEVE YOU WERE DISCRIMINATED AGAINST: (mark only the areas in which you feel you were discriminated)

RACE	<input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Other (please identify): _____
NATIONAL ORIGIN	<input type="checkbox"/> Hispanic <input type="checkbox"/> Mexican <input type="checkbox"/> East Indian <input type="checkbox"/> Arab/Afghani/Middle Eastern <input type="checkbox"/> Other (please identify): _____
SEX	<input type="checkbox"/> Female <input type="checkbox"/> Male
SEXUAL ORIENTATION	<input type="checkbox"/> Heterosexual <input type="checkbox"/> Gay <input type="checkbox"/> Lesbian <input type="checkbox"/> Bisexual
GENDER IDENTITY	<input type="checkbox"/>
PREGNANCY	<input type="checkbox"/>
DISABILITY (Real or Perceived)	<input type="checkbox"/> Physical <input type="checkbox"/> Mental
RELIGION/CREED	<input type="checkbox"/> Please Identify: _____
COLOR	<input type="checkbox"/> Light skinned <input type="checkbox"/> Dark skinned
AGE (Employment or Credit only)	<input type="checkbox"/>
FAMILIAL STATUS (Housing or Credit only)	<input type="checkbox"/> Presence of children
MARITAL STATUS (Credit only)	<input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Single

6. If you have **previously complained or reported discrimination or participated as a witness**, answer the following:

RETALIATION	<input type="checkbox"/> Do you believe you have suffered an adverse action or been treated differently since you complained about discrimination?
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7. Please check the **AREA** in which the discrimination occurred.

- | | | |
|--|--|---|
| <input type="checkbox"/> Employment | <input type="checkbox"/> Public Accommodation | <input type="checkbox"/> Housing |
| <input type="checkbox"/> Education | <input type="checkbox"/> Credit | |

8. Please check the **ACTION** that the Organization took against you. (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Demotion | <input type="checkbox"/> Failure to Train |
| <input type="checkbox"/> Denied Accommodation/Modification | <input type="checkbox"/> Forced to Quit/Retire |
| <input type="checkbox"/> Denied Benefits | <input type="checkbox"/> Harassment |
| <input type="checkbox"/> Denied Financial Services/Credit | <input type="checkbox"/> Laid-Off/ Failure to Recall |
| <input type="checkbox"/> Denied Service | <input type="checkbox"/> Reduced Hours |
| <input type="checkbox"/> Disciplined/Suspended | <input type="checkbox"/> Reduced Pay |
| <input type="checkbox"/> Eviction | <input type="checkbox"/> Sexual Harassment |
| <input type="checkbox"/> Failure to Hire | <input type="checkbox"/> Terminated |
| <input type="checkbox"/> Failure to Promote | <input type="checkbox"/> Undesirable Assignment/Transfer |
| <input type="checkbox"/> Failure to Rent | <input type="checkbox"/> Unequal Pay |

☐ Other: _____

9. What is the Full Legal Name of the Organization that discriminated against you?
[This Organization will be charged with discrimination and given a copy of your complaint.]

What is their mailing address?

City: _____ County: _____

State: _____

Zip Code: _____ Telephone #: (_____) _____ - _____

10. If the organization listed in #9 has a Parent Organization or Corporate Office list it here.
[This Organization will also be charged with discrimination and given a copy of your complaint.]

What is their mailing address? _____

City: _____ State: _____

Zip Code: _____ Telephone #: (_____) _____ - _____

11. Where did the discrimination occur?

City: _____ County: _____ State: _____

Address: _____

12. What does the organization do? What services does the organization provide?

13. If Employment is the Area, give approximate number of ALL employees (full-time & part-time) at ALL employer locations nationwide (REQUIRED):

☐ 4-14 ☐ 15-19 ☐ 20-100 ☐ 101-200 ☐ 201-500 ☐ 500+

14. Have you filed this complaint with any other Federal, State, or Local anti-discrimination agency? ☐ Yes ☐ No

If yes, what agency? _____ When? _____

15. If you are claiming an individual discriminated against/harassed you, identify the individual(s). [The individual[s] will be charged with discrimination and will be given a copy of your complaint.]

Name: _____

Title: _____

Work or Home Address: _____

Name: _____

Title: _____

Work or Home Address: _____

If more than two, list those individuals on a separate document and provide.

16. What was the date of the MOST RECENT discriminatory incident? (Month Day, Year)

17. If Employment is the Area, what is your hire date or application date? _____

Are you still employed by the **Organization** listed in #9? ☐ Yes ☐ No

If no, **when** did your employment **end**? _____ (Month Day, Year)

If no, **how** did your employment end? ☐ Terminated ☐ Forced to Quit ☐ Quit

18. BRIEF SUMMARY OF ALLEGATIONS. Please describe how you were discriminated/harassed/retaliated against. Include the basis or reason in how you were treated (i.e. gender, race, sexual orientation). Please be sure to address each action you identified in Question #8. Insure that your summary reflects the basis you identified in Question 5 and/or 6. *Please read the instruction before writing your brief summary if you have questions.*

I certify under penalty of perjury and pursuant to the laws of the State of Iowa and the laws of the United States of America that the preceding charge is true and correct.

X _____
Signature of Complainant Date